



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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**GOVERNOR DOYLE'S TASK FORCE TO IMPROVE ACCESS TO ORAL HEALTH**  
**OCTOBER 22, 2004**  
**MEETING MINUTES**

**Members:** Present: Erendira Almanza, Lori Barbeau, Bill Bazan, Stephanie Burrell, David Caroll, Blane Christman (Chair), Carl Eisenberg, Curt Gielow, Monica Hebl, Wendy MacDougall, Maureen Oostdik-Hurd, Midge Pfeffer, Judy Robson, Carrie Stempski, Graciela Villadoniga

**Staff:** Donna Wong, Diane Welsh, Kay Lund, Nancy McKenney

At 10:00 am, the Chair of the Task Force, Dr. Blane Christman, introduced himself and called the meeting to order. All members were present, with one member attending by conference call. Members introduced themselves and discussed their connection to the issue of oral health.

**KidsFirst Overview.** Diane Welsh provided an overview of the KidsFirst Initiative, the Governor's comprehensive package to invest in our children's future.

The plan is divided into four categories aimed at improving the future for all Wisconsin children.

- 1) Helping children be ready for education.
- 2) Keeping kids safe.
- 3) Supporting strong and successful families.
- 4) Ensuring the health of children.

This Task Force will focus on the fourth piece, ensuring the health of Wisconsin children, specifically their oral health. As part of his KidsFirst Initiative, the Governor created the Task Force to Improve Access to Oral Health in order to:

- Examine Wisconsin's existing oral health environment and how to expand our successes to all children.
- Explore the success of changes in regulation, of loan assistance programs and other dental education incentive plans.
- Review existing models in this and other states.
- Bring together a group of individuals with a wide scope of experience in oral health.
- Generate solid recommendations for the Governor.

**Governor Doyle's Charge to the Task Force.** Donna Wong, the Governor's Policy Advisor on Human Services, defined Governor Doyle's charge to the Task Force.

The charge consists largely of two components: education as it relates to the recruitment, training and retention of providers; and access. The issues presented in the charge are the focus of the Task Force, but members may end up recommending further action on oral health policy outside the charge.

Donna thanked the members for their time and service to this cause.

**Background Information and the Current Oral Health Environment in Wisconsin.**

Blane Christman started the discussion by pointing out that Wisconsin ranks very high in the nation when it comes to oral health but that this Task Force is needed because there is so much more to do.

*Gielow:* What is the timeline for the Task Force? Diane Welsh told the members that if the Task Force agreed on recommendations during the next couple of months, the Governor may include them in his state budget proposal.

Nancy McKenney gave the members a picture of the existing oral health environment in Wisconsin by reviewing the Oral Health Survey and other background documents.

The members discussed several aspects that they would like to give further review. The Task Force could study reasons for differences in untreated decay for different regions of the state, such as lack of providers, fluoride in the water, less sealants, etc.

*Robson:* Members want to make sure they have a basic understanding of sealants and fluoride varnishes. DHFS will provide members with protocols for sealants as well as descriptions of sealant and fluoride varnish procedures.

*McKenney:* We are encouraging counties to collect data for county-by-county breakdowns of oral health needs.

One school in southeastern Wisconsin has a dental clinic in the school. Carrie Stempski put a voluntary dental center next to a school in Green Bay (Howe and Tanc). They were doing only preventive but have recently started to do restorative work.

As part of the KidsFirst Initiative, Governor Doyle called for a task force to analyze and offer solutions to address the shortage of dental care professionals and children's access to dental care in Wisconsin. He directed his office to create the task force and to develop policy recommendations on the following issues.

1. Recommend strategies for educating an adequate number of dental health professionals if the state is not currently doing so.
2. Recommend strategies for how communities and the state might better recruit and retain dental professionals throughout Wisconsin.
3. Recommend strategies for how the state can improve access to dental care for children in Medicaid and BadgerCare.
4. Recommend ways to improve access for all children and to provide better preventative dental care.
5. Recommend most effective ways to spend Medicaid dollars on preventative care.

GuardCare targets high-need counties during the summer months but did not operate this last summer because so many of the Guard members were called up.

DHFS will send Task Force members our Wisconsin 2010 goals. Wisconsin has the second-highest untreated decay rate in the nation even though we are considered innovative and aggressive in our oral health programs and coverage.

The members were given a list of prevention and restorative programs that are funded with state and federal funds.

*DHFS:* Seal a Smile provides \$60,000 for screening and sealants. Over 2,400 kids receive sealants under this program. Wisconsin covers more adult oral health than Michigan.

Outside of the programs on the provided list, state and federal funds are also used for tuition assistance (Department of Commerce) and assistance to Marquette Dental School (GPR funds).

DHFS will get members more information on the number of providers who serve Wisconsin Medicaid clients and the number of patients. Staff will see if it is possible to exclude numbers served at group clinics and centers.

DHFS will present information to the Task Force on the new certification and regulation procedures aimed at diminishing the administrative process and easing the Medicaid paperwork. Members were interested in improvements to the billing process and the possibility of software systems that ease paperwork.

Members requested demographic information on oral health providers, their locations and their ages.

Laura Rose and Dick Sweet from the Legislative Council staff gave the committee a summary of the recommendations made by their Study Committee on Dental Access from 2000.

*Rose:* There were three main appropriation components of the legislation drafted based on the recommendations of this committee.

- 1) A Medicaid reimbursement rate increase to the 75<sup>th</sup> percentile. The biennial cost for 2001-2003 would have been \$20.2 million.
- 2) Tuition assistance for Marquette dental students would have increased from \$11,600 to \$15,000 and the number of students covered would have increased to 160. Currently, 160 students receive tuition assistance but the rate is less than \$8,000 per student.
- 3) Increase community health center oral health funding by \$1.6 million each year.

Several smaller items were also included. The legislation asked for an increase in staff to do direct oral health service as well as to provide technical assistance to providers and local public health staff. Grants for community fluoridation were proposed. The legislation also proposed coverage of fluoride varnishes and two dental cleanings per year. None of this legislation was enacted, although several small sections have been forwarded (such as coverage of fluoride varnishes).

*Sweet:* The Legislative Council Study Committee also made several recommendations relating to the shortage of oral health providers. This legislation would have decreased the regulations on licensing oral health providers from out-of-state. Wisconsin currently recognizes only two of four national testing sites. Dr. Barbeau made the members aware that there is currently a movement to create a national testing site as soon as 2006.

The legislation also included the recommendation to expand the practices and exceptions where hygienists can provide oral health care.

DHFS will e-mail the Task Force members a copy of the Legislative Council Study Committee report. There was also interest in finding out why the bills failed. Laura pointed out that fiscal issues and debate over fluoride varnishes effectively stalled the bills.

*Eisenberg:* Need better assurances that oral health funds assigned to HMOs (in managed care counties) are used in oral health prevention and restoration.

Members requested a list of services that are provided through HMOs. Examine the question: "Does managed care work for oral health services?" HMOs are mandated to provide preventive services but they need to provide restorative services as well.

*MacDougall:* In addition, examine HMOs' processes for contracting with public health departments. Also examine reimbursement of local health for the Medicaid HealthCheck program.

The members asked for examples of models that work to increase the number of providers who accept Medicaid patients and to improve the education and attendance of Medicaid patients. DHFS will get information from the Children's Hospital on its federal education program (Clear Path) that helps Medicaid patients learn the proper procedures for their dental appointments. ABCD was brought up as another example of a model we should consider.

The Task Force may need to discuss cultural competence in health care at a future meeting.

The Task Force adjourned the meeting at 12:10 following a discussion of dates, sites and times for upcoming meetings.

The next meeting of the Task Force will be Friday, November 19, at a time and location to be determined.